

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040482
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 73

FILED OCT 29 1963

VS 300 Rev. 4/59	DATE AMENDED	1	6540
2		125113	
3			
4		0	
5		0	
6			
7		0	
8		2	
9		4200	
10			
11			
12		90-1	
13		2-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CONCORDIA</u>		Length of stay in 1b <u>83 YRS</u>	c. CITY OR TOWN <u>CONCORDIA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>410 WEST 8th ST</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>410 WEST 8th ST.</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES FRED BAEPER</u>			4. DATE OF DEATH Month Day Year <u>OCT 24 1963</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 3, 1880</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONCRETE BUILDING</u>	11. BIRTHPLACE (City and state or country) <u>CONCORDIA MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>JOHN BAEPER</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINE WEIDENMYER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-03-4272</u>	17. INFORMANT <u>MRS. PAULINE WALLHAUS ALBINGWATER, N.M.</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inoperable congestive failure</u> <u>7 yrs</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> <u>several yrs</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>Oct 25, 1948</u> to <u>Oct 24, 1963</u> and last saw him alive on <u>Oct 23, 1963</u> Death occurred at <u>7:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>[Signature]</u>			22b. ADDRESS <u>Concordia, Mo.</u>		22c. DATE SIGNED <u>10/25/63</u>	
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23c. DATE <u>10-26-1963</u>	23d. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>		23e. LOCATION (City, town, or county) <u>CONCORDIA MO</u>		
24. FUNERAL DIRECTOR <u>E. S. James</u> ADDRESS <u>Concordia Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 26. 63</u>	26. REGISTRAR'S SIGNATURE <u>Lettie Gordon Jordan</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.